



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/599,406	<b>FILING DATE</b> 06/22/2000 <b>RULE</b> -	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2742	<b>ATTORNEY DOCKET NO.</b> 106545	
<b>APPLICANTS</b> ROMAN VITENBERG, HOLON, ISRAEL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 134401 02/06/2000 ISRAEL 136781 06/15/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/24/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> OLIFF & BERRIDGE PLC P O BOX 19928 ALEXANDRIA ,VA 22320					
<b>TITLE</b> DIGITAL SUBSCRIBER LINE COMMUNICATION SYSTEM					
<b>FILING FEE RECEIVED</b> 545	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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**\*BIBDATASHEET\***

CONFIRMATION NO. 8259

Bib Data Sheet

SERIAL NUMBER 09/599,406	FILING DATE 06/22/2000  RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 106545	
<b>APPLICANTS</b>  ROMAN VITENBERG, HOLON, ISRAEL;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> ISRAEL 134401 02/06/2000 ISRAEL 136781 06/15/2000  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/24/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR  COUNTRY ISRAEL	SHEETS  DRAWING 9	TOTAL  CLAIMS 35	INDEPENDENT  CLAIMS 3
<b>ADDRESS</b>  AIR MAIL  24505 DANIEL J SWIRSKY PO BOX 2345 BEIT SHEMESH , 99544 ISRAEL					
<b>TITLE</b> DIGITAL SUBSCRIBER LINE COMMUNICATION SYSTEM					
FILING FEE   RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		

545		<input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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